## Edgar Filing: KILCOYNE MOIRA A. - Form 4

Form 4	MOIKA A.										
July 03, 2018 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct	box r STATE Filed p Section 1	EMENT O ursuant to 7(a) of the	Wash F CHANC Section 16	nington, I GES IN B SECURI (a) of the lity Holdi	D.C. 205 ENEFIC TIES Securitie ng Comp	<b>49</b> CIAL es Ex bany	<b>OW</b> chang Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	rs per	
1(b). (Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> KILCOYNE MOIRA A. (Last) (First) (Middle) C/O CITRIX SYSTEMS, INC., 851			<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>CITRIX SYSTEMS INC [CTXS]</li> <li>Date of Earliest Transaction (Month/Day/Year)</li> <li>07/02/2018</li> </ol>				<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>X_ Director 10% Owner</li> <li>Officer (give titleOther (specify))</li> </ul>				
	RESS CREEK		07102120	10				below)	below)		
(Street) 4. If Amen Filed(Mont FORT LAUDERDALE, FL 33309				h/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Ye	ear) Execut any	eemed tion Date, if h/Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Ccommon Stock	07/02/2018			A	2,342 (1)	A A	\$ 0	2,342	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KILCOYNE MOIRA A. C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Х						
Signatures							
/s/ Antonio G. Gomes, Attorney-in-Fact Kilcoyne	for Moira	аA.	07	//03/2018			
**Signature of Reporting Person				Date			

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Grant of restricted stock units that vest in equal monthly installments over a period of one year.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.